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TELEPHONE SOLICITATIONS ACT
pursuant to IC 24-5-12-1 et seq.

Instructions for Completing the Attorney General's Standard
Disclosure Form

INTRODUCTION: The Attorney General's Standard Disclosure Form and the instructions for completing it have been prepared as an aid to telephone solicitors. They are not official documents and are not to be relied upon as such. Should the user have any questions or require additional information, he or she should consult IC 24-5-12-1 et seq. directly, seek counsel from an attorney, or contact the Consumer Protection Division.

Complete ALL portions of this document in accordance with the instructions. Attach additional sheets when necessary to give complete disclosure.

I. REGISTRATION

This telephone solicitation disclosure document has been filed with the Consumer Protection Division, Office of the Indiana Attorney General, and has been assigned the following registration number:

C.P.D. Reg. No. TS. _____.

Date Filed _____.

II. IDENTITY OF SELLER

a. *List the Seller's official name, organizational status, and address in the spaces provided. Be sure to list all names under which the seller has, currently does, or intends to make any solicitation.*

b. *If the Seller is affiliated with any company which is legally responsible for statements made by the Seller, or which*

will engage in transactions with potential buyers, list that company.

1. Name, address, and telephone number of seller
(including fax and e-mail, if appropriate):

This business is a (check one)

individual	<input type="checkbox"/>
sole proprietorship	<input type="checkbox"/>
partnership	<input type="checkbox"/>
corporation	<input type="checkbox"/>
other legal entity	<input type="checkbox"/>

(describe)

2. This business does business under the following name or names:

3. *Check and complete all applicable items:*

☐ The Seller is an independant business entity and takes full responsibility for statements made by the Seller in this document and elsewhere, and will engage in business transactions with prospective purchasers of these items, products or services.

☐ The Seller is a subsidiary of:

who will:

☐ take responsibility for all statements made by the Seller in this document or elsewhere;

☐ engage in business transactions with prospective purchasers of these items, products or services.

☐ The Seller is an affiliate of:

who will:

☐ take responsibility for all statements made by the Seller in this document or elsewhere;

☐ engage in business transactions with prospective purchasers of these items, products or services.

III. SELLER'S MANAGERS

List the names, business and home addresses, business and home telephone numbers, and titles of the Seller's officers, directors, trustees, general partners, general managers, principal executives, and any other persons charged with responsibility for the business activities relating to the making of telephone solicitations.

The following individuals are responsible for the Seller's business activities relating to the telephone solicitations:

Name	Date of birth	Position
------	---------------	----------

Business address		
------------------	--	--

Business telephone number		
---------------------------	--	--

Home address		
--------------	--	--

Home telephone number		
-----------------------	--	--

Name	Date of birth	Position
------	---------------	----------

Business address		
------------------	--	--

Business telephone number		
---------------------------	--	--

Home address		
--------------	--	--

Home telephone number		
-----------------------	--	--

Name	Date of birth	Position
------	---------------	----------

Business address		
------------------	--	--

Business telephone number		
---------------------------	--	--

Home address		
--------------	--	--

Home telephone number		
-----------------------	--	--

Name	Date of birth	Position
------	---------------	----------

Business address		
------------------	--	--

Business telephone number		
---------------------------	--	--

Home address		
--------------	--	--

Home telephone number		
-----------------------	--	--

Name	Date of birth	Position
------	---------------	----------

Business address		
------------------	--	--

Business telephone number		
---------------------------	--	--

Home address		
--------------	--	--

Home telephone number		
-----------------------	--	--

(Use additional sheets if necessary)

IV. SELLER'S AGENTS IN INDIANA

List the names, business and home addresses, and business and home telephone numbers of all the Seller's representatives who are making any telephone solicitations in Indiana.

The following individuals make telephone solicitations for items offered in the State of Indiana (this includes each and every telemarketer that will place calls into Indiana:

Name	Date of birth	Position
Alias (if any)		
Business address		
Business telephone number		
Home address		
Home telephone number		

Name	Date of birth	Position
Alias (if any)		
Business address		
Business telephone number		
Home address		
Home telephone number		

Name	Date of birth	Position
Alias (if any)		
Business address		
Business telephone number		
Home address		
Home telephone number		

Name	Date of birth	Position
Alias (if any)		
Business address		
Business telephone number		
Home address		
Home telephone number		

Name	Date of birth	Position
Alias (if any)		
Business address		
Business telephone number		
Home address		
Home telephone number		

(Use additional sheets if necessary)

V. SELLER'S BUSINESS RECORD

Attach a copy of unexecuted contracts between Seller and Purchaser.

1. The Seller has solicited telephone sales of any type for _____ years and _____ months.

2. The Seller has made telephone solicitations involving the sale of goods or services currently being offered for years and _____ months.

VI. TERMS OF AGREEMENT

_____ *Answer the following questions fully and completely.*

1. The price to be paid by the prospective purchaser is (describe terms in detail):

2. The Seller undertakes to perform the following services for the purchaser (describe completely and in detail):

3. Attach an unexecuted copy of each proposed contract between the Seller and the purchaser.

VII. LOCATIONS

List name, complete street address, and all telephone numbers used in each location that Seller is making solicitations.

The seller will be conducting business from all of the following locations. The first one should be the principal place of business in Indiana.

Name of business or location:

Complete address of business or location:

All telephone numbers used at this location:

Name of business or location:

Complete address of business or location:

All telephone numbers used at this location:

Name of business or location:

Complete address of business or location:

All telephone numbers used at this location:

VIII. LITIGATION

State whether the Seller or any of its officers, directors, trustees, general partners, general managers, principals, executives, or representatives has been held liable in a civil action for unfair, false, misleading, or deceptive practices. IF NONE, SO STATE.

1. The Seller and/or the following of its managers or representatives have been held civilly liable for unfair, false, misleading, or deceptive practices.

Plaintiff's name	Defendant's name
Date filed	Cause Number
Court (Name, county and state)	
Conduct alleged:	
Resolution (settlement or judgment [if judgment, for which party])	
Date of judgment	

Plaintiff's name	Defendant's name
Date filed	Cause Number
Court (Name, county and state)	
Conduct alleged:	
Resolution (settlement or judgment [if judgment, for which party])	
Date of judgment	

Plaintiff's name	Defendant's name
Date filed	Cause Number
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Date of judgment	

Plaintiff's name	Defendant's name
Date filed	Cause Number
Court (Name, county and state)	
Conduct alleged:	
Resolution (settlement or judgment [if judgment, for which party])	
Date of judgment	

(Use additional sheets if necessary)

State whether the Seller or any of its officers, directors, trustees, general partners, general managers, principals, executives, or representatives has been convicted of a crime involving fraud, embezzlement, conversion, or theft in the last seven (7) years. IF NONE, SO STATE.

2. The Seller and/or the following of its managers or representatives have been convicted of a crime involving fraud, embezzlement, conversion, or theft during the last seven (7) years.

Plaintiff's name	Defendant's name
Date filed	Cause Number
Court (Name, county and state)	
Conduct alleged:	
Resolution (settlement or judgment [if judgment, for which party])	
Date of judgment	

Plaintiff's name	Defendant's name
Date filed	Cause Number
Court (Name, county and state)	
Conduct alleged:	
Resolution (settlement or judgment [if judgment, for which party])	
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Plaintiff's name	Defendant's name
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Plaintiff's name	Defendant's name
Date filed	Cause Number
Court (Name, county and state)	
Conduct alleged:	
Resolution (settlement or judgment [if judgment, for which party])	
Date of judgment	

Plaintiff's name	Defendant's name
Date filed	Cause Number
Court (Name, county and state)	
Conduct alleged:	
Resolution (settlement or judgment [if judgment, for which party])	
Date of judgment	

(Use additional sheets if necessary)

State whether the Seller or any of its officers, directors, trustees, general managers, principal executives, or representatives has been declared bankrupt in any judicial proceeding in the last seven (7) years. IF NONE, SO STATE.

3. The Seller and/or the following of its managers or representatives have been declared bankrupt in the last seven (7) years.

Debtor's Name	Cause no.
Court location	Date filed
Type of case	Date discharge granted

Debtor's Name	Cause no.
Court location	Date filed
Type of case	Date discharge granted

Debtor's Name	Cause no.
Court location	Date filed
Type of case	Date discharge granted

Debtor's Name	Cause no.
Court location	Date filed
Type of case	Date discharge granted

Debtor's Name	Cause no.
Court location	Date filed
Type of case	Date discharge granted

Debtor's Name	Cause no.
Court location	Date filed
Type of case	Date discharge granted

Debtor's Name	Cause no.
Court location	Date filed
Type of case	Date discharge granted

Debtor's Name	Cause no.
Court location	Date filed
Type of case	Date discharge granted

Debtor's Name	Cause no.
Court location	Date filed
Type of case	Date discharge granted

(Use additional sheets if necessary)

State whether the Seller or any of its officers, directors, trustees, general partners, general managers, principal executives, or representatives has been a party to a lawsuit brought by a local, state, or federal government agency. IF NONE, SO STATE.

4. The Seller and/or the following of its managers or representatives have been parties to lawsuits brought by local, state, or federal government agencies.

Plaintiff's name	Defendant's name
Date filed	Cause Number
Court (Name, county and state)	
Conduct alleged:	
Resolution (settlement or judgment [if judgment, for which party])	
Date of judgment	

Plaintiff's name	Defendant's name
Date filed	Cause Number
Court (Name, county and state)	
Conduct alleged:	
Resolution (settlement or judgment [if judgment, for which party])	
Date of judgment	

Plaintiff's name	Defendant's name
Date filed	Cause Number
Court (Name, county and state)	
Conduct alleged:	
Resolution (settlement or judgment [if judgment, for which party])	
Date of judgment	

Plaintiff's name	Defendant's name
Date filed	Cause Number
Court (Name, county and state)	
Conduct alleged:	
Resolution (settlement or judgment [if judgment, for which party])	
Date of judgment	

Plaintiff's name	Defendant's name
Date filed	Cause Number
Court (Name, county and state)	
Conduct alleged:	
Resolution (settlement or judgment [if judgment, for which party])	
Date of judgment	

Plaintiff's name	Defendant's name
Date filed	Cause Number
Court (Name, county and state)	
Conduct alleged:	
Resolution (settlement or judgment [if judgment, for which party])	
Date of judgment	

(Use additional sheets if necessary)

State whether the Seller or any of its officers, directors, trustees, general partners, general managers, principal executives, or representatives is currently involved in litigation alleging unfair, false, misleading, or deceptive practices. IF NONE, SO STATE.

5. The Seller and/or the following of its managers or representatives are currently involved in litigation alleging unfair, false, misleading, or deceptive practices.

Plaintiff's name
Date filed
Court (Name, county and state)
Conduct alleged:

Defendant's name
Cause Number

Plaintiff's name
Date filed
Court (Name, county and state)
Conduct alleged:

Defendant's name
Cause Number

Plaintiff's name
Date filed
Court (Name, county and state)
Conduct alleged:

Defendant's name
Cause Number

Plaintiff's name
Date filed
Court (Name, county and state)
Conduct alleged:

Defendant's name
Cause Number

Plaintiff's name
Date filed
Court (Name, county and state)
Conduct alleged:

Defendant's name
Cause Number

Plaintiff's name
Date filed
Court (Name, county and state)
Conduct alleged:

Defendant's name
Cause Number

(Use additional sheets if necessary)

IX. INFORMATION ABOUT GIFTS, ETC.

 This Section only applies to sellers who represent or imply that a prospect will receive a gift, premium, bonus, prize, etc. If you offer a gift, premium bonus or prize as part of your solicitation, complete this section.

1. Provide the following information:

Item offered	Price supplier paid
Supplier's name	Item's represented value
Supplier's address	
Supplier's telephone number	

Item offered	Price supplier paid
Supplier's name	Item's represented value
Supplier's address	
Supplier's telephone number	

Item offered	Price supplier paid
Supplier's name	Item's represented value
Supplier's address	
Supplier's telephone number	

Item offered	Price supplier paid
Supplier's name	Item's represented value
Supplier's address	
Supplier's telephone number	

2. How do you determine which items a prospect is to receive, if the prospect is to receive fewer than all of the items offered?

3. State the odds that a prospect has of receiving each item listed in Question IX(A).

4. State all terms and conditions that a prospect must meet in order to receive the item(s) to be given.

X. SERVICE OF PROCESS

List the person or entity authorized to receive service in the State of Indiana:

Name
Address

Relationship to company

Telephone Number

Name
Address

Relationship to company

Telephone Number

XI. SALES SCRIPTS

Attach a copy of all sales scripts that you require salespersons to use. If none, so state.

XII. SIGNATURE

I swear and/or affirm under penalties for perjury that the representations made in this application are true and accurate.

Date Signed

Name of Registrant

By:

(signature and title)

(printed signature)

STATE OF)
COUNTY OF)

SS:

NOTARY

Subscribed and sworn to before me, a Notary Public in and for said County and State, this _____ day of _____, 20____.

My Commission Expires:

Signature of Notary Public

Printed Signature
County of Residence:

FILING INSTRUCTIONS

Return a copy of the completed disclosure statement and a company check, certified check, or money order, in the amount of fifty dollars (\$50.00) payable to the State of Indiana, to:

Office of the Attorney General
Consumer Protection Division
5th Floor
Indiana Government Center South
302 W. Washington Street
Indianapolis, Indiana 46204-2794